Approved, SCAO JIS CODE: ACC STATE OF MICHIGAN FILE NO. ACCOUNT OF FIDUCIARY, LONG FORM **PROBATE COURT** COUNTY ☐ Final ☐ Interim \_ Annual Number **CIRCUIT COURT - FAMILY DIVISION** In the matter of \_\_\_\_\_ , am the \_\_\_\_\_ of the estate and submit the following as my account, which covers the period from to \_\_\_ \_\_\_\_\_ (may not exceed 12 months). 2. SUMMARY Add income in this accounting period (total from Schedule A) \$\_\_\_\_\_\_ Total assets accounted for ......\$\_ If additional sheets are required for Schedules A or B, place all itemization on those sheets and include only category totals on these schedules. SCHEDULE B: Expenses and other disbursements, SCHEDULE A: Income in this accounting period including distributions to devisees and beneficiaries Net gain, if any, from Schedule C Net loss, if any, from Schedule C

SEE SECOND PAGE

Do not write below this line - For court use only

**Total Expenses and Disbursements** 

**Total Income** 

DESCRIPTION	DATE ACQUIRED	DATE	VALUE AT TIME	1	
DESCRIPTION	ACQUIRED			NET CALED PRICE	0.4101 (1.000)
		SOLD	ACQUIRED BY FIDUCIARY	NET SALES PRICE	GAIN (LOSS)
			FIDUCIANT		
TOTAL GAIN (LOSS)					
If gain, transfer to Schedule A; if					
in gain, transfer to concade 71, in	rioss, transitor to cor	icadic B.			
9CF	JEDIJI E D. Itam	izad seeste ra	maining at end of acc	counting period	
301			-	• •	
	(ir additional sneets	are required, indi-	cate on Schedule "See attac	cned sneets )	
<del></del>					
Note: You must provide copies of final of the end of the accounting period, 3. The interested persons, add except as follows: (for eac	verifying the assets dresses, and their	listed above. representative	s are identical to those	appearing on the initial	
4. This account lists all incom 5. This account is not bein 6. My fiduciary fees incurre	ng filed with the co ed during this acco	urt. ounting period (	including fees that have	e already been approve	ed and paid for this
accounting period) are \$'.  Attorney fees incurred du	ring this accountin	Attache	u is a writterruescriptio	ly boon approved and p	illicu. aid forthic accountir
	11119 01115 accountin	tached is a writ	ten description of the s	onvisos porformod	
period) are \$declare under the penalties o					rue to the best of m
•		account nas be	en examined by me and	u manto contents are i	i de lo li le best oi i i
nformation, knowledge, and be	ellet.				
			Date		
			Dale		
Hama and all and the same					
ttorney signature			Fiduciary signature		
ttorney name (type or print)		Bar no.	Fiduciary name (type or p	orint)	
ddress	<u> </u>		Address		
		Talambanana	0:1		
City, state, zip		Telephone no.	City, state, zip		Telephone n
City, state, zip		•		ecedent died between Octob	•
NOTE: If the decedent died before Oc	ctober 1, 1993, you mu	ust attach proof of i	nheritance tax paid. If the de		er 1, 1993 and Decembe
	ctober 1, 1993, you mu	ust attach proof of i	nheritance tax paid. If the de		er 1, 1993 and Decembe
NOTE: If the decedent died before Oc	ctober 1, 1993, you mustate tax paid. If the	ust attach proof of i decedent died on	nheritance tax paid. If the de		er 1, 1993 and Decemb

- 1. You must bring to the court's attention any objection you have to this account. The court will not review the account otherwise.
- 2. You have the right to review proofs of income and disbursements at a time reasonably convenient to the fiduciary and yourself.
- 3. You may object to all or part of an accounting by filing a written objection with the court before the court allows the account. You must pay a \$20.00 filing fee to the court when you file the objection. (See MCR 5.310[C])
- 4. If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection.
- 5. You must serve the objection on the fiduciary or his/her attorney.